

Weight Group



Delaware Department of Transportation
Motor Fuel Tax Administration
International Registration Plan

Account _____

Fleet _____

Vehicle Type: _____ (TT Truck/Trailer ; TK Truck ; BS Bus) Number Bus Seats _____

- Please use a separate form for each vehicle type and weight group.
- Truck Trailer weight must be entered as Combined Gross Vehicle Weight

Please check if applicable: Dump Truck _____ Wrecker _____ Household Goods Carrier _____

JURISDICTION	WEIGHT	JURISDICTION	WEIGHT
AK ALASKA		NV NEVADA	
AL ALABAMA		NY NEW YORK	
AR ARKANSAS		OH OHIO	
AZ ARIZONA		OK OKLAHOMA	
CA CALIFORNIA		OR OREGON	
CO COLORADO		PA PENNSYLVANIA	
CT CONNECTICUT		RI RHODE ISLAND	
DC DIST. OF COLUMBIA		SC SOUTH CAROLINA	
DE DELAWARE		SD SOUTH DAKOTA	
FL FLORIDA		TN TENNESSEE	
GA GEORGIA		TX TEXAS	
IA IOWA		UT UTAH	
ID IDAHO		VA VIRGINIA	
IL ILLINOIS		VT VERMONT	
IN INDIANA		WA WASHINGTON	
KS KANSAS		WI WISCONSIN	
KY KENTUCKY		WV WEST VIRGINIA	
LA LOUISIANA		WY WYOMING	
MA MASSACHUSETTS		MX MEXICO	
MD MARYLAND		AB ALBERTA	
ME MAINE		BC BRITISH COLUMBIA	
MI MICHIGAN		MB MANITOBA	
MN MINNESOTA		NB NEW BRUNSWICK	
MO MISSOURI		NL NEW FOUNDLAND - LABRADOR	
MS MISSISSIPPI		NS NOVA SCOTIA	
MT MONTANA		NT NW TERRITORY	
NC NORTH CAROLINA		NU NUNAVUT	
ND NORTH DAKOTA		ON ONTARIO	
NE NEBRASKA		PE PRINCE EDWARD ISLAND	
NH NEW HAMPSHIRE		QC QUEBEC	
NJ NEW JERSEY		SK SASKATCHEWAN	
NM NEW MEXICO		YT YUKON TERRITORY	

I the undersigned, do hereby request that my vehicle(s) be registered at the above weight. I understand that it is my responsibility as a registrant to know what weight each jurisdiction in which I travel is allowable. The Motor Fuel Tax Administration is not liable for any fines I may incur.

Signature _____ Date _____